

Self-Employment Questionnaire

Name of your business: _____

Type of business: _____

Number of years you've operated this business? _____ Is it incorporated? __ Y __ N

If incorporated, are you a shareholder in the business? __ Y __ N

Is it a Limited Liability Company? __ Y __ N If yes, are you a __ member or a __ manager?

Are you an independent contractor? __ Y __ N

Have you filed taxes on the business? __ Y __ N If yes, most recent year _____

Do you have costs associated with the business? __ Y __ N If yes, list 3 costs

(do not include commuting cost to and from worksite)

Do you have any paid employees? __ Y __ N If yes, how many? _____

Are you:

Y N Engaged in an enterprise for the purpose of producing income?

Y N Responsible for obtaining or providing a service or product by retaining control over the work or services offered? (Establishes own work hours, territory and methods of work.)

Y N Mainly responsible for the success or failure of the business operation by personally assuming the necessary business expenses and profit or loss risks connected with the operation of the business?

Y N Not required to complete an IRS W-4 form, or have federal income tax or FICA payments withheld from your pay?

Y N Not covered under an employer's liability or worker's compensation insurance policy?

What was your income last year? _____

Do you expect this year's income to be about the same as last year's? __ Y __ N

If no, why not? _____

Do you have a second business? __ Y __ N (If yes, complete questionnaire on second business)

If the client has filed tax forms, request a copy of the most recent year's federal return.